

# City of Cambridge Entrepreneurship Assistance Program

Spring 2014

## Guidelines and Application for Program Enrollment

### OVERVIEW:

The City of Cambridge Entrepreneurship Assistance Program is a collaboration between The Capital Network and the City to provide training to early-stage entrepreneurs. The Capital Network (TCN) provides an Accelerated Education Program (AEP). AEP is a six-month workshop series on fundraising education for early-stage entrepreneurs. AEP is designed to incorporate the guidance of many former or current entrepreneurs and members of the majority of angel groups and venture capital firms in the New England area. The AEP program is provided on a rolling schedule and workshops are kept small for entrepreneurs to ask questions for his or her business and funding needs.

The Cambridge Entrepreneurship Assistance Program provides five (5) HUD eligible Cambridge early-stage entrepreneurs in the clean energy, consumer products, high tech, and life sciences clusters with the opportunity to participate in The Capital Network's AEP Program.

**Application deadline for the Cambridge Entrepreneurship Assistance Program: May 16, 2014.**

### GUIDELINES & ELIGIBILITY:

Applicants can meet the requirements in one of two ways:

#### **1. HUD Eligibility Requirements for Applicants to the Entrepreneurship Assistance Program INSIDE the Neighborhood Revitalization Strategy (NRS) areas (see attached map of the NRS areas):**

Applicant automatically meets eligible requirements if **one of** the following applies:

- Applicant is a small clean energy, consumer products, technology or life science business located in one of two Neighborhood Revitalization Strategy Areas (NRS) of the City of Cambridge

**or**

- Applicant is the owner of a business located outside the NRS but in the City of Cambridge and lives in one of the NRS areas.

#### **2. HUD Eligibility Requirements for Applicants to the Entrepreneurship Assistance Program OUTSIDE the Neighborhood Revitalization Strategy (NRS) areas (see attached map of the NRS areas):**

Applicant meets eligible requirements if **all** of the following applies:

- Applicant must be an entrepreneur whose clean energy, consumer products, technology or life science business is located in the City of Cambridge

- Applicant must be a micro-enterprise. A micro-enterprise is defined as a small business with five (5) or fewer employees, including the owner.
- Applicant must have no greater than low-moderate **family** income.

**\*Definition of Family** - All related, immediate family members living in the same household.

e.g.: husband, wife, children, grandparents, aunts, uncles, cousins.

# OF FAMILY MEMBERS	LOW-MODERATE FAMILY INCOME
1-member	_____ \$34,250-\$45,000
2-member	_____ \$39,150-\$52,000
3-member	_____ \$44,050-\$58,800
4-member	_____ \$48,900-\$65,000
5-member	_____ \$52,850-\$70,200
6-member	_____ \$56,750-\$75,400
7-member	_____ \$60,650-\$80,600
8-member+	_____ \$64,550-\$85,800

**ENTREPRENEURSHIP ASSISTANCE PROGRAM APPLICATION  
AND BENEFICIARY INFORMATION**

The City of Cambridge funds the Entrepreneurship Assistance Program with Community Development Block Grant funding from the Federal Housing and Urban Development Department (HUD). HUD requires that we obtain the following information from all applicants to the Program. This information is used by the City to determine the eligibility of the applicant under HUD guidelines and is not shared with an outside party.

You must be eligible in order to participate in the Program. The information you provide on this application is kept in strict confidence. Please complete all applicable spaces on this document and **be sure to sign and date it on the last page.**

**SECTION A:**            **Please Print**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS E-MAIL \_\_\_\_\_

OWNER/MANAGER NAME(S): \_\_\_\_\_

HOME ADDRESS(ES): \_\_\_\_\_

\_\_\_\_\_

**SECTION B:**

1. Is your business establishment located in one of the Neighborhood Revitalization Strategy Areas (NRS) (within the shaded areas of the attached map of the City of Cambridge)? Check one - \_\_\_\_ YES \_\_\_\_ NO

**OR**

2. Is the business owner's residence located in one of the NRS areas and your business located in another part of Cambridge? Check one: \_\_\_\_ YES \_\_\_\_ NO

**If you answered YES to either question 1 or 2, please skip to Question 6. If you answered NO, please continue completing the document.**

3. Is your business a micro-enterprise? Please check the line that indicates the total number of people your company employs:

A. Five employees or less, **including the owner** (micro-enterprise) \_\_\_\_\_

B. More than five employees, including the owner \_\_\_\_\_

**If you checked A to question 3, please continue completing this entire document. If you checked B to Question 3, please skip to the end and sign and date this document.**

4. What is the total number of members in your **family** \*: \_\_\_\_\_

**\*Definition of Family** - All related, immediate family members **living in the same household**.

e.g.: husband, wife, children, grandparents, aunts, uncles, cousins.

5. Please check the category in which the **combined gross annual income** of your **family** falls. (Include all sources of family income, as defined above):

# OF MEMBERS IN FAMILY	VERY LOW- INCOME	LOW-MODERATE INCOME
1-member	_____ up to \$34,250	_____ \$34,251-\$45,000
2-member	_____ up to \$39,150	_____ \$39,151-\$52,000
3-member	_____ up to \$44,051	_____ \$44,051-\$58,800
4-member	_____ up to \$48,900	_____ \$48,901-\$65,000
5-member	_____ up to \$52,850	_____ \$52,851-\$70,200
6-member	_____ up to \$56,750	_____ \$56,751-\$75,400
7-member	_____ up to \$60,651	_____ \$60,651-\$80,600
8-member+	_____ up to \$64,550	_____ \$64,551-\$85,800

**If your family income does not fall within these ranges, please skip to the end and sign and date this document. If it does, please continue and complete the entire document.**

6. Ethnicity: Check **only the one** that applies to you: \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

7. Race: Check **one or more** that apply to you:

____ American Indian or Alaska Native	____ Asian and White
____ Asian	____ Black or African American and White
____ Black or African American	____ American Indian or Alaska Native
____ White	____ American Indian or Alaska Native and Black or African American
____ Native Hawaiian or other Pacific Islander	____ Other multi-racial

8. Do you have a **DUNS number** for your business? Check one - \_\_\_\_ YES \_\_\_\_ NO

A. If YES, please provide the DUNS number: \_\_\_\_\_

B. If **NO**, please request a **DUNS number** for your business and send the assigned number to Pardis Saffari, at [psaffari@cambridgema.gov](mailto:psaffari@cambridgema.gov). Follow the instructions on the attached D-U-N-S Number Information Sheet. Please note that applications may be submitted prior to obtaining a free DUNS number.

## 9. BUSINESS DESCRIPTION

i. Business Structure: corporation \_\_\_ sole proprietorship \_\_\_ partnership \_\_\_

non-profit \_\_\_ limited liability company \_\_\_

ii. Sector: consumer products \_\_\_ mobile \_\_\_ high tech \_\_\_

life sciences \_\_\_ clean tech \_\_\_ other: \_\_\_\_\_

iii. Years in business: \_\_\_\_\_ If less than one year, check here: \_\_\_\_\_

iv. Business Stage:

seed \_\_\_ startup \_\_\_ growth \_\_\_

iv. Please provide a brief description of your business:

---

---

---

---

v. Company URL: \_\_\_\_\_

vi. Have you ever applied for venture, angel or other funding for your company? If yes, please explain briefly the outcome.

---

---

---

---

## 10. EMPLOYEES

Please give the **number of employees** you currently have in Cambridge (including the owner):

\_\_\_\_\_ Full time

\_\_\_\_\_ Part time

**SECTION C:**

Declarations – Please provide details below on any question with a YES response.

1. Does the applicant or co-applicant owe any property taxes to the City of Cambridge?

YES    NO

2. Is the applicant or co-applicant, a political party, a campaign, a candidate a public official or foreign political official or an immediate family member of such an official, or a business entity formed by or for the benefit of any public official?

YES    NO

If yes to any of the above questions, please provide details here:

---

---

---

**SECTION D:**

1. In the space below (no more), please tell us why you feel participating in the Cambridge Entrepreneurship Training Program would benefit you and your business. *What would you do once you get funded? In what ways do you need to build your network?*

**I certify that the information I have provided on this form is true and accurate to the best of my knowledge.**

**I understand that the information provided in Section B of this form is subject to verification by HUD.**

**I understand that the City of Cambridge will contact me, one year from the date of completion of The Capital Network's Accelerated Entrepreneurship Program to follow up on the results of the training.**

**I understand that if I do not show up for the first AEP workshop I register for (without telling the City of Cambridge), that I will forfeit my place in the Program.**

Print Company Name\_\_\_\_\_

Owner(s) Signature\_\_\_\_\_Date\_\_\_\_\_

Print Owner Name(s)\_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

**Application Deadline: May 16, 2014**